



CLAY COUNTY
PUBLIC HEALTH CENTER



Dear Parent/Guardian: The following questions will help us determine which vaccines your child may be given today. If you answer **“YES”** to any question, it does not necessarily mean your child should not be vaccinated. It just means additional questions must be asked.

Child’s Name: _____ **Date of Birth:** _____

1. Does your child have allergies to medications, food, a vaccine component, or latex? **YES or NO**
If **YES**, please explain. _____
2. Has your child ever had a serious reaction to a vaccine in the past? **YES or NO**
If **YES**, please list what vaccine and reaction. _____
3. Does your child have any long-term health problems with lung, heart, kidney, or metabolic disease (e.g., diabetes) asthma, no spleen, cochlear implant, spinal fluid leak, or a blood or bleeding disorder? Are they on long-term aspirin therapy? **YES or NO**
If **YES**, please explain. _____
4. Has your child, a sibling, or a parent ever had a seizure? Does the child have any brain or nervous system problems? **YES or NO**
If **YES**, please explain. _____
5. Does the child have or live with someone who has cancer, leukemia, HIV/AIDS, or immune system problems? **YES or NO**
If **YES**, please explain. _____
6. In the past 3 months, has your child taken medications that affect the immune system such as prednisone, other steroids, or anti-cancer drugs; drugs for the treatment of rheumatoid arthritis, Crohn’s disease, or psoriasis, or had radiation treatments? **YES or NO**
If **YES**, please explain. _____
7. In the past year, has your child received a blood transfusion or blood products, or been given immune (gamma) globulin or an antiviral drug? **YES or NO**
If **YES**, please explain. _____
8. Has your child received any vaccinations in the last 4 weeks? **YES or NO**
If **YES**, which vaccines and when? _____
9. Is your child pregnant? Or chance of pregnancy in the next month? **YES or NO or NA**
10. To be answered on the day of clinic: Is the child sick today? **YES or NO**

If the nurse has additional questions during your child’s immunization appointment, what is a good phone number where you can be reached: _____

What is your preferred language? _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ **Date:** _____